

PCP QUALITY ASSURANCE REVIEW FORM

Revised 6/03

Consumer: _____
Planning Date: _____
Reg QA Review Date: _____
Guardianship Status: _____
Region _____

Meeting Facilitator: _____
Planning Process Coordinator: _____
ISC: _____
Consumer's Residential Agency _____

Planning Process Choice: ___ Person Centered Planning ___ Other Planning Process ___ Declined Services from MR(_____)
(Check which applies) Date

- | | Yes | No |
|--|-----|-----|
| 1. The planning process included: | | |
| a. The person | ___ | ___ |
| b. The guardian | ___ | ___ |
| c. The ISC | ___ | ___ |
| d. The CAB correspondent | ___ | ___ |
| e. The Advocate | ___ | ___ |
| If not, indicate why (a. b. or c. only) _____ | | |
| 2. The CAB correspondent and the advocate were notified of the planning process, and absent an objection, were invited to the planning meeting. | ___ | ___ |
| 3. A preplanning process was held to establish the consumer's planning agenda. | ___ | ___ |
| 4. The results from the Response Sheet For Essential Information were used in the preplanning. | ___ | ___ |
| 5. The results from the reportable events review were used in the preplanning. | ___ | ___ |
| 6. Sensitive issues were discussed in another forum.
(If sensitive issues were discussed answer #7, if they were not discussed in another forum move to # 8.) | ___ | ___ |
| 7. If sensitive issues or other items were discussed in another forum, there is a plan to deal with those sensitive issues or other items. | ___ | ___ |
| 8. The Service & Supports Section of the EIS has been reviewed and the unmet needs are clearly identified.
(If unmet needs are clearly identified and can be met over the next quarter or there are no unmet needs move to # 10.) | ___ | ___ |
| 9. When identified needs in the plan cannot be met at this time, there is an interim plan indicating how they will be met over time. | ___ | ___ |
| 10. The plan includes the name of the person responsible for medical/dental monitoring | ___ | ___ |
| 11. The plan includes the name of the person responsible for updating the critical information and for reporting changes to the ISC monthly or sooner if medication changes occur. _____ | ___ | ___ |
| 12. The Service & Support section of the EIS on unmet needs is attached and consistent with the plan. | ___ | ___ |
| 13. The planning document will include an "action plan" which describes how & when the needs and desires will be met and who will monitor each action. | ___ | ___ |
| 14. This plan has been reviewed and meets all of the QA standards. | ___ | ___ |
| 15. The plan is signed by the Regional QA Review Team. | ___ | ___ |

Reviewer(s)

Regional Supervisor